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HEALTH CARE STUDIES DIVISION REPORT #81-008

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ORGANIZATIONAL EFFECTIVENESS AND PATIENT
CARE QUALITY STUDY.

by

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Academy of Health Sciences
Fort Sam Houston, TX 78234

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number)

-What the Army calls organizational effectiveness (OE) other practitioners call organization development. The present study documented what OE interventions are employed in Army health care settings. Organizational effectiveness staff officers (OESOs) working in health care settings must keep in mind they are working in complex socio-technical systems. OESOs must work with the OE key managers and commanders to establish a systems approach toward attaining the goals of the organization. OESOs in health care settings are not significantly

different from other OESOs in the percent of time spent in OE-related
activities, in the number of OE operations accomplished, or the amount
of time spent in evaluation and documentation. OE operations in health
care settings must consider the mission requirements of the organization,
the patient care requirements, management and health care provider needs,
as well as the goals of the Army. There is a need for increased emphasis
on evaluation and documentation of OE intervention effectiveness.

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Organizational Effectiveness and Patient
Care Quality Study

1. INTRODUCTION.

   a. Problem. The United States Army has been training Organizational
Effectiveness Staff Officers (OESOs) since April 1977. Army Regulation
600-76 defines the Organizational Effectiveness Program/Process. Organiza-
tional Effectiveness is the systematic military application of selected
management skill, behavioral science technology, and methods to improve
the total organization functions in a military environment to accomplish
assigned missions and increase combat readiness. OE is applicable to
organizational processes (including training interpersonal skills) in an
Army setting. When applied by an Army commander, OE is tailored to the
unique needs of the organization. Though OESOs have been working in
selected Army medical facilities since June 1977, there have been rela-
tively few formal investigations of the types of interventions used and
their effectiveness.

   b. Purpose. The purpose of this study was to determine what
organizational effectiveness (OE) interventions are being utilized in
military hospitals and the effectiveness of these techniques.

   c. Background.

      (1) There have been few attempts to document what specific
interventions have been done by OESOs in Army hospital settings. Literature
searches were performed by the Defense Documentation Center (search number
096125 on hospital organization) and by the Defense Logistics Studies Infor-
mation Exchange (search number 5338-80 on organizational development in
hospitals). The reports and journal articles show that research efforts
concentrate on outcome measures and whether OE interventions produce change.
OE Statistical Report Number 1 summarizes the results of a survey adminis-
tered in February 1978 dealing with perceptions of OE in the Army. The
success of OE appears dependent upon the leadership of the organization.
When positive effects from OE interventions occur, job satisfaction and
career commitment increase. Organizational Effectiveness Statistical Report
Number 2 compares the February 1978 and February 1979 surveys. The results
show the changes found between the two yearly samples: OE instruction in
service schools increased, knowledge of OE increased, and OE received greater
recognition in the Army.

      (2) What the Army calls OE, other practitioners call organization
development (OD). Weisbord (1976) describes why organization development
works better for industry than medical centers. Organization development
is more specific for the structural constraints in industry. OD works better
for industry than medical centers because: (1) medical centers have few of
the formal characteristics of industry, (2) physicians and scientists are
socialized toward independence, (3) medical centers utilize three different
social systems. The three social systems in medical centers are: (1) task
(administration), (2) professional identity, and (3) governance. OD has not
worked in medical centers because industrial theories have not helped to link
the three medical center systems. Both individual and organization goals
must be enhanced. OD requires structure-creating interventions. A sensible
goal for health managers is to improve the interrelationships among the goals,
interdependence, authority, and performance measures.

(3) Evaluation of the Organizational Effectiveness Staff Officers'
Course has been one means of assessing the impact of OESOs. The "Evaluation
of the Organizational Effectiveness Staff Officers' Course, External Evalua-
tion Report " (1979) surveyed and interviewed 452 Army personnel (OESOs,
key managers, and senior officers). Survey questionnaires were mailed to
437 OESOs and 187 key managers from which approximately 185 (43%) OESOs
and 71 (38%) key managers responded. OESOs report that 70% of their time
is devoted to OE mission-related activities. OESOs describe 75.6% of their
OE operations during the six month evaluations period as successful, 8.4%
as failures, and 16.0% were indeterminant. Of the four step process of:
assessment, planning, implementation, and evaluation, the least frequently
accomplished stage was evaluation. Frequently, OESOs use client comments,
"gut feelings," and interviews for measuring effectiveness of OE interven-
tions. OESOs perceive lack of command support as the cause of low OE
acceptance; overall OE acceptance was perceived as good or excellent by
63.6% of the respondents. Key managers perceive that about 80% of OE
operations have been successful. Key managers report OESOs shared documen-
tation of OE activities sometimes. OE acceptance was perceived as good
by the key managers. Senior officers (colonels and above) are mixed in
their acceptance and utilization of OESOs. Command support is crucial to
the success of OE activities.

(4) O'Mara and Oliver (1979) compared seven battalions that used
OE with seven battalions that did not. Comparisons were made between
responses to items on the command climate questionnaire and selected command
indicators (i.e., career reenlistment rate, desertion rate). User battalions
were identified which had engaged in OE operations prior to the first collec-
tion of command climate data and/or during the six-month period between the
data collection periods (Wave 1 and Wave 2). Battalions that had used OE
operations made statistically significant gains compared to the non-OE
battalions on the following aspects of command climate: maintenance of
unit's high performance standards and reputation of unit, supervisor's
leadership, supervisor's consideration for subordinates, satisfaction with
supervisor, gotten fair deal from Army, and satisfaction with job. No
conclusions could be drawn on differences between OE and non-OE battalions
on command indicators.

(5) Horak (1980) documented OE applications in an Army hospital
setting. Results obtained from OE interventions included: more effective
and expeditious management transitions, increased productivity in Clinical
Records Section, reduced absenteeism and increased job satisfaction (in
Plans, Operations and Training Division, the Patient Administration Division,
and on a medical ward), increased patient satisfaction and reduction of
patient complaints, improved hospital-wide goal attainment, increased infor-
mation and awareness of organizational problems, greater clarity of roles,
and less organizational confusion. Horak believes OE has greatest value
in its collaborative techniques to integrate the efforts among the medical,
nursing, and administrative staffs.

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2. OBJECTIVES.

The objectives of the study were:

(1) To identify OE techniques being used by organizational effectiveness staff officers (OESOs) in military hospitals and particularly those involved in interventions with staff in patient care areas.

(2) To develop methods to measure the effectiveness of these techniques.

(3) To determine if OE assistance can be employed to meet patient care needs in addition to staff and management needs.

3. METHODOLOGY.

a. Data Collection.

(1) The study was conducted in two phases. In Phase 1, surveys of OESOs document what OE techniques are being employed specifically in health care settings. Appendix A contains a list of the OESOs in medical settings. The list of techniques and OE interventions was developed in collaboration with the Army Research Institute for the Behavioral Sciences, Alexandria, Virginia; the Organizational Effectiveness Center and School, Fort Ord, California; and the Human Resources Division, Health Services Command. Appendix B contains the survey instrument used in Phase 1.

(2) In Phase 2, a shortened list of interventions used was sent back to the OESOs. The list provided feedback to the OESOs on what techniques were employed. The OESOs rated how frequently, in what settings, and how effectively the OE techniques were used. Interventions unique to the patient care areas were assessed as well as staff and management needs. Appendix C contains a survey instrument and feedback provided in Phase 2.

b. Analysis of Data. The interventions unique to hospital settings were documented. Results are presented as descriptive statistics. Procedures unique to patient care were determined. Programming and analyses were performed with the Statistical Package for the Social Sciences (SPSS) using the Univac computer at Fort Leavenworth, Kansas.

4. FINDINGS.

a. Phase 1.

Responses were received from 64 OESOs, of which 28 (44%) worked in health care settings. Responses were broken down by whether the OESO worked (or did not) in a health care setting. Table 1 summarizes the comparisons between OESOs in health care settings versus those not working in health care settings. In Table 2, comparisons were made of the perceived effectiveness of the OE interventions between the OESO's personal perception, and the OESO's perception of the effectiveness as perceived by the requester, the target group/team, and the total organization. Table 3 summarizes the OE strategies/interventions in health care settings. Table 4 depicts where OE has been used in patient care. Responses in all tables are descriptive of work actually done (i.e., mean values of procedures actually reported); reports of zero values or missing entries are not included in the computations.

b. Phase 2.

Responses were received from 82 OESOs, of which 30 (37%) worked in health care settings. Responses were broken down by whether the OESO worked (or did not) in a health care setting. Table 5 summarizes comparisons between OESOs in health care settings versus those not working in health care settings. Table 6 depicts the comparisons made between the OESO's personal perception of the perceived effectiveness of the interventions/tasks and the OESO's perception of the effectiveness as perceived by the requester, the target group/team, and the total organization. Also documented are how many times the OE intervention/task was used and the number of evaluations performed for each intervention/task. Table 7 describes the specific problems/situations in health care settings for the different interventions. Table 8 lists the manner and type of evaluation/documentations employed for the OE interventions. Table 9 describes the factors unique to military health care settings.

5. DISCUSSION.

a. The study was conducted in two phases, the second phase being designed to fine-tune the list of interventions/tasks employed in health care settings. From the original list of 36 interventions, 15 were selected based on having been employed by at least seven OESOs and/or being suitable for consolidation into more global interventions (i.e., goal setting (including management by objective)). The findings between Phase 1 and Phase 2 were relatively stable. Comparison of Phase 2 responses with responses of OESOs in the External Evaluation Report (1979) as summarized in Table 10 showed that OESOs working in health care settings did not differ from OESOs in general.

b. It is recognized that the OESOs were asked to deal with each OE intervention/task as separate entities. In practice, the separate intervention/ tasks are often used in conjunction with each other. For example, Goal Setting and Feedback (Communication, Systems, Group) are often parts of a more global operation, which might also include Team Building. For purposes of this report the OE intervention/tasks were treated as individual units.

c. OESOs working in health care settings must keep in mind they are working in complex socio-technical systems. The goals of the military health care setting are unique (preserving and maintaining the fighting strength, providing quality health care) and may appear to conflict with the Department of the Army missions (being combat ready). Being aware of the complexity of the health care system, its different power groups (administrators, health care professionals, consumers) and role conflicts, demands that the OESO employ systems approaches. Since services rather than specific products are the measurement of productivity, the uniqueness of the health care setting must be re-emphasized.

d. As is true with any OE operation, command support is critical. OESOs must work with the OE key managers and commanders to establish a systems approach toward attaining the goals of the organization. All of the elements of the four step approach must be accomplished; documentation of evaluation efforts must occur. The findings of this study reconfirm those of the External Evaluation Report: too little time is spent in evaluation of OE interventions; few documentations are shared as well. Informal or verbal feedback is not sufficient to document effectiveness, particularly when commanders are being

asked to demonstrate cost effectiveness and efficiency. The OE School must place additional emphasis on OESOs conducting evaluations (prior to classes before 1979, little emphasis was placed on evaluation efforts). More OE key managers must attend the Key Managers's Programs (as reported here, slightly more than 50% of the OE Key Managers have attended).

6. <u>CONCLUSIONS</u>.

a. OESOs in health care settings are not significantly different trom other OESOs in the percent of time spent in OE-related activities, in the number of OE operations accomplished, or the amount of time spent in evaluation and documentation.

b. OE operations in health care settings must consider the mission requirements of the organization, the patient care requirements, management and health care provider needs, as well as the goals of the Army.

c. There is a need for increased emphasis on evaluation and documentation of OE intervention effectiveness.

7. <u>RECOMMENDATIONS</u>.

a. Recommend this report be made available to the OE School.

b. OESOs spend increased time documenting evaluation of OE efforts and sharing the documentations.

c. Recommend more OE key managers attend the OE Key Manager Program to increase command support for the OE program.

d. Recommend OESOs operate from a systems approach, particularly for OESOs in health care settings which are complex socio-technical systems demanding more sophisticated systems interventions and evaluations.

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Table 1

Phase 1: Comparisons Between Responses of OESOs Working
in Health Care Settings versus OESOs not in Health Care Settings

Variable/Question	Work in Health Care Setting	Do Not Work in Health Care Setting	Overall
Rank/Grade			
a. Enlisted	6	2	8
b. Officer	21	31	52
c. Civilian	1	1	2
d. Missing		2	2
Normally Function as OESO			
a. Work alone	10	16	26
b. Work with another OESO with more OE experience	1	2	3
c. Work with another OESO with about the same amount of OE experience	11	5	16
d. Work with another OESO with less OE experience	3	3	6
e. Other	3	5	8
f. Missing		5	5
Function as OESO in a health care setting			
a. Work alone	9		
b. Work with another OESO with more OE experience	3		
c. Work with another OESO with about the same amount of OE experience	11		
d. Work with another OESO with less OE experience	3		
e. Other	2		
f. Have not worked in a health care setting as an OESO			
g. Missing			
Months working as OESO (after graduation)	23.3	18.0	20.5
Months assigned as OESO with present organization	17.1	11.4	14.2
Worked in a health care setting in any capacity (i.e., not necessarily as OESO)?			
a. Yes	17	6	23
b. No	11	26	37
c. Missing		4	4
Months worked in health care setting	39.4	37.3	38.8
Percentage of time spent in			
a. OE-related activities	72.2	74.8	73.5
b. Assisting in health care settings	24.4	0	24.4
c. Assisting other OESOs on post in non-health care settings	43.9	15.0	31.6
d. Assisting in approving patient care	34.0	0	34.0

Table 1 (contin.)

Variable/Question	Work in Health Care Setting	Do Not Work in Health Care Setting	Overall
For all OE activities			
a. Total OE clients	20.5	12.8	16.6
b. OE operations/interventions	22.8	10.7	18.3
c. OE operations/interventions with commanders	14.7	7.5	11.3
d. Documentations of OE operations/interventions	12.7	6.2	9.9
All OE activities in health care settings			
a. Total OE clients	8.6	0	8.6
b. OE operations/interventions	5.5	0	5.5
c. OE operations/interventions with commanders	2.2	0	2.2
d. OE operations/interventions in patient care	4.9	0	4.9
e. OE operations/interventions with the XO	1.6	0	1.6
f. OE operations/interventions with the Chief Professional Services (CPS)	1.5	0	1.5
g. OE operations/interventions with clinic/department/division/services chief	3.2	0	3.2
Key Manager attended OE Key Manager's Course			
a. Yes	61 %	31 %	44 %
b. No	29 %	44 %	38 %
c. Missing	11 %	25 %	29 %
* Commander's support for OE program	4.3	5.1	4.7
* Organization support for OE program	4.4	4.1	4.3
* Satisfaction with direction of OE program	4.5	4.6	4.5
* Commander's support for OE program in health care settings	3.9	3.0	3.7
* Organization support for OE in health care settings	4.0	2.6	3.6
* XO support for OE program in health care settings	4.2	2.9	3.8
* CPS support for OE program in health care settings	3.3	3.1	3.2
* Key Manager's support for OE program in health care settings	4.7	3.7	4.4
* Satisfaction with the direction of OE program in health care settings	4.1	2.4	3.6
OE interventions documented and shared:			
a. Yes	64 %	44 %	55 %
b. No	29 %	33 %	31 %
c. Missing	7 %	22 %	16 %
Number documented and shared	7.0	6.6	6.8

* Seven point Likert scale where 1 = Minimum and 7 = Maximum

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Table 2

Phase 1: Perceived Effectiveness of OE Intervention/Strategies*

Intervention	OESO		REQUESTER		Target Group/ Team		Total Organization	
	N	Mean*	N	Mean*	N	Mean*	N	Mean*
1. Job Redesign	3	3.3	4	5.7	4	4.7	4	5.0
2. Role Clarification	15	6.0	16	5.9	15	5.0	14	5.0
3. Responsibility Charting	9	5.2	9	5.2	9	5.2	8	4.8
4. Job Enlargement	1	5.0	1	5.0	1	4.0	1	3.0
5. Job Enrichment	4	4.2	4	4.5	4	4.2	4	4.5
6. Job Rotation	7	4.7	7	5.0	7	5.4	8	5.3
7. Work Simplification	3	3.3	4	4.2	3	4.6	1	3.0
8. Goal Setting	12	5.5	12	5.6	12	5.5	13	5.3
9. Work Measurement	2	6.0	3	6.0	3	5.6	3	6.0
10. Leadership/Style Change	13	5.3	14	5.5	13	5.6	12	5.5
11. Management by Objectives (MBO)	5	5.4	5	4.8	5	5.4	5	5.0
12. Flexitime	2	5.0	1	6.0	1	6.0	1	6.0
13. Work Scheduling	5	4.0	5	5.6	5	5.2	4	5.2
14. Performance Evaluation	8	4.7	8	5.5	8	5.3	8	5.3
15. Climate Change	8	4.8	7	5.2	7	4.8	7	4.1
16. Transactional Analysis Design	3	5.6	3	5.3	3	5.0	2	6.0
17. Autonomous (Task) Groups	3	4.6	2	4.5	2	5.0	2	5.0
18. Confrontation Meetings	9	5.3	6	5.5	7	5.8	5	5.6
19. Group Feedback	12	5.2	12	5.4	12	5.7	10	5.4
20. Group Problem Solving	11	5.0	11	5.2	11	5.4	9	5.1
21. Process Consultation	11	5.1	9	5.4	8	4.7	8	4.7
22. Laboratory Training (LMDC)	4	4.0	4	5.3	4	4.5	4	4.7
23. Management Information (Systems) Design	2	5.0	1	4.0	1	5.0	1	4.0
24. Power Training	1	4.0	1	5.0	1	4.0	1	5.0
25. Sensitivity Training	1	7.0	1	7.0	1	5.0	1	5.0

* A seven-point Likert scale from 1 = Minimum to 7 = Maximum was used.

Table 2 (contin.)

Intervention		OESO		REQUESTER		Target Group/ Team		Total Organization	
		N	Mean*	N	Mean*	N	Mean*	N	Mean*
26.	Survey Feedback	11	5.2	9	6.0	8	5.8	8	5.2
27.	Task Enrichment	0	-	0	-	0	-	0	-
28.	Team-Building	13	5.3	13	5.7	14	5.2	14	5.1
29.	Incentive Systems	1	1.0	2	4.5	1	3.0	1	3.0
30.	Productivity Bargaining	1	1.0	1	3.0	1	3.0	1	3.0
31.	Positive Reinforcement	7	4.7	7	5.4	7	5.1	7	5.0
32.	Non-Material Incentives	2	4.5	2	5.0	2	5.0	2	5.0
33.	Feedback Communications Systems	8	5.1	7	5.5	8	5.3	8	4.8
34.	Reorganization	3	5.3	3	5.6	3	4.6	3	5.0
35.	Consolidation	1	4.0	0	-	0	-	0	-
36.	Performance Budgeting	0	-	0	-	0	-	0	-

* A seven-point Likert scale from 1 = Minimum to 7 = Maximum was used.

Table 3

Phase 1: OE Strategies/Interventions in Health Care Settings

Problem Areas Encountered:

Strategies Employed:

1. Transitions/Changes — transition workshop

2. Leadership — goal setting

3. Lack of Priorities/Goals — goal setting

4. Perceived Poor Quality of Patient Care — team building, sociotechnical system design

5. Complaints — 4 step

6. Communications — goal setting, team building, feedback

7. Time Management — training

8. Role Conflict/Clarification — role clarification, feedback

9. Low Reenlistment — planning workshop, action planning

10. Productivity Decline — quality circle, collaboration problem solving

11. Work Scheduling — role clarification

12. Staff Satisfaction — action research, feedback

13. Training — training workshop

Table 4

Phase 1: Strategies Used in Patient Care

1. Role Clarification (professional, military, organizational, health care)

2. Interpersonal Communication (unique medical terminology)

3. Problem Solving

4. Team Building

5. Feedback of Patient/Consumer Satisfaction to Health Care Providers

6. Complex System/Strategies Planning

Table 5

Phase 2: Comparisons between Responses of OESOs Working
in Health Care Settings versus OESOs not in Health Care Settings

Variable/Question	Work in Health Care Setting	Do Not Work in Health Care Setting	Overall
Rank/Grade			
a. Enlisted	4	5	9
b. Officer	23	43	66
c. Civilian	3	2	5
d. Missing		2	2
Function as OESO in health care setting			
a. Work alone	56.7%		20.7%
b. Work with another OESO with more OE experience	6.7%		2.4%
c. Work with another OESO with about the same amount of OE experience	20.0%		7.3%
d. Work with another OESO with less OE experience	13.3%		4.9%
e. Not worked in health care setting as OESO	0%	100%	63.4%
f. Other	3.3%		1.2%
Months working as OESO (after graduation)	22.9	17.2	19.3
Months assigned as OESO with present organization	16.1	16.3	16.2
Worked in a health care setting in any capacity (i.e., not necessarily as OESO)?			
a. Yes	83.3%	8.0%	36.2%
b. No	16.9%	92.0%	63.7%
c. Missing			
Months worked in health care setting	36.9	70.7	41.7
Percentage of time spent in			
a. OE-related activities	71.3%	69.1%	69.9%
b. Assisting in health care settings	27.0%	2.0%	25.8%
c. Assisting other OESOs on post in non-health care settings	7.8%	12.1%	10.3%
d. Assisting in approving patient care	40.7%	0	40.7%
e. Doing assessment for OE operation	29.9%	28.1%	28.8%
f. Doing planning for OE operation	18.5%	25.5%	22.6%
g. Doing implementation for OE operation	23.5%	26.0%	25.0%
h. Doing evaluation for OE operation	8.4%	14.6%	12.1%
i. Doing training	17.3%	16.4%	16.8%
During the past 12 months for all your OE activities:			
a. How many total OE clients	18.2	16.6	17.2
b. How many OE operations/interventions	16.5	15.1	16.4
c. How many OE operations/interventions with commanders	10.2	10.1	10.1
d. How many documentations made	10.2	9.8	9.9

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Table 5 Contd

Variable/Question	Work in Health Care Setting	Do Not Work in Health Care Setting	Overall
During past twelve months for all your OE activities in health care settings:			
a. How many OE clients (total)	8.7		8.7
b. How many OE operations/interventions	11.0		11.0
c. How many OE operations/interventions with commanders	66.8		6.8
d. How many OE operations/interventions in patient care	6.1		6.1
e. How many OE operations/interventions with XO	7.5		7.5
f. How many OE operations/interventions with Chief Pro Svcs (CPS)	4.7		4.7
g. How many OE operations/interventions with clinic/department/division/ services chiefs	4.9		4.9
Key Manager attended OE Key Manager's Course			
a. Yes	58.6%	50.0%	53.2%
b. No	37.9%	50.0%	45.5%
c. Do not know	3.4%	0	1.3%
* Using seven-point Likert scale evaluate the following statements			
a. Extent of commander's support for OE	4.5	4.7	4.7
b. Extent total organization support for OE	4.2	4.3	4.2
c. Extent of your satisfaction with direction of OE program	4.7	4.3	4.5
d. Extent of commander's support for OE in health care settings	4.2	2.8	3.7
e. Extent of total organization support for OE in health care settings	3.9	2.3	3.4
f. Extent of XO support for OE program in health care settings	4.1	2.4	3.6
g. Extent of CPS support for OE program in health care settings	4.0	2.2	3.4
h. Extent of key manager's support for OE program in health care settings	4.8	3.5	4.4
i. Extent of your satisfaction with direction of OE program in health care settings	4.0	2.7	3.6
Times you have not been able to fulfill or support a request	3.1	5.3	4.4
Documented and shared case studies of OE inter- ventions	7.0	6.6	6.8 (Y 58.5%)
" " " in health care settings	2.8	0	2.8 (Y 14.6')
Participate in first phase of this study			54.9 (Y)
* Extent summary of use to you	3.6	3.0	3.2
* Extent feedback of study results be of use to you	4.5	5.6	3.9

* 1 = MINIMUM to 7 = MAXIMUM

Table 6

Phase 2: Strategy Perceptions and Frequencies

Effectiveness Perceptions Perceived From Perspective Of:

Intervention/Task	Perceived Effectiveness N	Perceived Effectiveness $\bar{X}$	Requester* N	Requester* $\bar{X}$	Target Group/Team* N	Target Group/Team* $\bar{X}$	Total Organization* N	Total Organization* $\bar{X}$	How Many Times Used N	How Many Times Used $\bar{X}$	Number of Evaluations N	Number of Evaluations $\bar{X}$
1 Job Redesign	25	5.0	23	5.5	22	5.0	22	4.7	21	2.2	22	3.5
2 Responsibility Charting	13	5.5	12	5.5	12	5.4	11	4.9	10	7.8	7	1.5
3 Job Rotation	3	5.0	2	5.0	2	5.5	2	4.5	2	1.0	–	2.0
4 Goal Setting (Including Mgt by Objective)	16	5.1	14	6.0	14	4.7	14	4.7	13	4.6		4.2
5 Leadership/Style Change (Transitions)	20	5.1	21	6.0	21	5.3	21	4.8	17	2.0		4.7
6 Work Scheduling	7	5.1	6	5.5	6	5.5	6	5.0	6	1.5	3	1.3
7 Performance Eval	5	4.8	5	5.4	5	4.8	5	4.4	4	5.5		5.0
8 Climate Change	7	5.1	10	5.4	10	4.6	11	4.8	3	2.0	4	1.5
9 Confrontation Meeting	9	4.4	11	5.4	11	4.8	11	5.0	8	2.2	4	2.2
10 Group Problem-Solving	12	5.8	15	5.6	15	5.4	14	5.2	10	4.6	8	4.3
11 Process Consultation	11	5.2	11	5.5	12	5.1	11	5.0	8	4.5		2.0
12 Survey Feedback	12	4.8	13	5.7	12	5.1	11	4.6	10	4.6	8	3.0
13 Team Building	8	5.5	12	5.6	12	5.5	12	4.8	5	13.6	6	1.1
14 Feedback (Communication, Systems, Group)	10	5.5	12	5.4	12	5.1	11	4.6	8	17.2	5	23.0
15 Training (Time Mgt, Stress Mgt, LMDC)	20	5.4	20	6.1	20	6.0	19	5.2	16	5.2		5.2

* Employed a seven point Likert scale from (1) minimum to (7) maximum

Table 7
Specific Problems/Situations in Health Care Settings

Intervention	Problem/Situation in Health Care Setting
Role Clarification	- perceived vs actual roles - physician/staff communication - nurse-physician interface - technological changes
Responsibility Charting	- staff and patient appointment schedules - ineffective work groups - new service being started - unclear responsibilities
Job Rotation	- schedule shifts fairly
Goal Setting (Including Management by Objective	- department chiefs/services - entire organization - organizational focus - joint staff planning
Leadership/Style Change (Transitions)	- staff and command positions - new chiefs, managers, commanders - new leadership style
Work Scheduling	- outpatient appointments vs teaching program schedules - shifts - staff and appointment schedules
Performance Evaluation	- used with role clarification, responsibility charting, and goal setting - evaluation systems - department chiefs and major staff elements
Climate Change	- patient-staff relations training - poor quality of work life - overworked, understaffed
Confrontation Meetings	- we/they meetings - nurses vs physicians - supervisor vs employees - executive committee vs service chiefs
Group Problem-Solving	- staff, appointment schedules - in all 4 step operations - moral issues - work groups
Process Consultation	- meetings being ineffective - executive coaching - personal issues hindering work groups - productivity morale
Survey Feedback	- patient/consumer perception/satisfaction - staff perceptions
Team Building	- transitions - part of all interventions
Feedback (Communications, Systems, Group)	- physicians, staff, and appointment schedules - isolated managers - transitions, assessments
Training (Time Management, Stress Management, LMDC)	- transitions from residencies - decision making - time/stress planning - problem solving - in-services - management skills for physicians who are chiefs

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Table 8
Manner/Type of Evaluation/Documentation

Intervention	Manner or Type of Evaluation/Documentation
Role Clarification	- follow-up interview - verbal feedback - personal feedback - questionnaire
Responsibility Charting	- interview - personal feedback - questionnaire
Job Rotation	- interview - survey
Goal Setting (Including Management by Objective)	- goal setting document - interviews - personal feedback - MBO chart - questionnaire
Leadership/Style Change (Transitions)	- interview - questionnaire
Work Scheduling	- interview - questionnaire - action plan
Performance Evaluation	- interview
Climate Change	- patient complaints - questionnaire
Confrontation Meeting	- interview - conflict negotiation
Group Problem-Solving	- interview - questionnaire - verbal feedback
Process Consultation	- verbal feedback
Survey Feedback	- survey
Team Building	- interview - feedback and responsibility charting
Feedback (Communications, Systems, Group)	- written critique - interview - questionnaire - charting outcomes
Training (Time Management, Stress Management, LMDC)	- written critique - questionnaire - feedback

Table 9
Phase 2: Features Unique to Military Health Care Settings

- The mission/goals of a military health care setting are unique

- The competing demands for level of priority in respect to resources, time, people, and training

- Health care settings are complex socio-technical systems

- Decisions may be life-determining and may involve considerable risk to the consumer

- Considerable sophistication may be required in machine/technical system -- health care provider/technician interactions

- Operating life saving/life maintaining equipment requires continual dedication of personnel and resources

- Physicians/health care providers may have multi-role conflicts between personal, professional, and organizational/system goals

- Professional individuality, responsibility may conflict with competency, mission and or organizational/system goals

- Conflicts between goals of military and civilian personnel may develop

- Conflicts between goals of health care professionals and administrators may develop

- Unique medical terminology may affect the interpersonal communication

- Patient/health care provider interactions involve services being provided

- Consumer/patient feedback can be provided to service-providers

- Staff/health care provider needs may differ from patient needs (ie scheduling of hours of operation)

- In military health care settings, providing patient care services is emphasized more than revenue-generating services

- May have conflict between a teaching mission and providing the needed patient services (residents need to practice their skills in order to become competent)

- The consumer is generally uninformed about the quality of care and services provided

Table 10
Comparison of Responses of OESOs in External Evaluation Report
(1979) and in Phase 2

Variable	External Evaluation Report	Phase 2 (Overall)	Phase 2 (HC Setting)
N	185	82	30
Length of OESO assignment (mean in months)	16	16.2	16.1
Number of users	23.4*	17.2	18.2
OE managers/supervisor attended Key Managers Course (% yes)	47.6%	53.2%	58.6%
OESO time devoted to OE mission related activities	67.8%	69.9%	71.3%
Assessment	23.1%	28.8%	29.9%
Planning	12.8%	22.6%	18.5%
Implementation	20.6%	25.0%	23.5%
Evaluation	7.0%	12.1%	8.4%
Documentation of operations (# documentations/# clients)	33 %	58 %	56 %
Acceptance of OE ($\overline{X}$ response/maximum possible)	74 %**	67 %	64 %
Graduates of OE classes before 1979	100 %	24.3%	33.3%

Notes:
  * Six month window had been asked - number doubled to compare with twelve month window used in Phase 2
 ** External Evaluation used 5 point scale of (5) Excellent (3) Only Fair (1) Terrible
    3.7/5 = 74

APPENDIX A

OEJOs Assigned to Health Care Settings

Location	Name	Position	Tenure
HQ HSC	LTC Paul d'Oronzio	C, OE Br	Jun 77 - Jun 78
	MAJ James Schlie	C, OE Br	Dec 78 - Present
	CPT Wm Butkovich	OESO/Acting Chief	Jun 77 - Jun 80
	CPT Carrick Troutman	HQ OESO/A Chief	Aug 80 - Present
Academy of Health Sciences	MAJ Blanco T. High	OESO/Instr	May 78 - Mar 80
	CPT Michael O'Brien	OESO/Instr	Jun 80 - Present
	MSG David Rolfe	OENCO	Jun 81 - (In School)
Brooke Army Medical Center	LTC Joel Severson	OESO	Sep 77 - Jul 79
	MAJ Roy Ball	OESO	Jul 79 - Dec 80
	CPT Paul Robertus	OESO	May 81 - (In School)
	Mr. Melvyn Kantor (GS-9)	OESO	May 81 - Present
Fitzsimons Army Medical Center	MAJ John Locke	OESO	May 78 - Present
	CPT Hurshel Nance	OESO	Oct 81 - (Projected)
Letterman Army Medical Center	MAJ Wm Zabicki	OESO	Jan 79 - Sep 80
	LTC Thomas Fahey	OESO	Sep 80 - Present
Madigan Army Medical Center	CPT Wm Barko	OESO	May 78 - Sep 80
	CPT James Patterson	OESO	Jan 81 - Present
Tripler Army Medical Center	MAJ Richard Rosenbaum	OESO	May 79 - Present
Walter Reed Army Medical Center	MAJ Paul Brenner	OESO	Jul 78 - Present
	SFC Thomas Linger	OENCO	Sep 79 - Sep 80
	Mr. Kai Peter Koenig (GS-11)	OESO	Dec 80 - Present
	SFC Julius Sanders	OENCO	Jun 81 - (In School)

Location	Name	Position	Tenure
William Beaumont AMC	Mr. Roy Ball (GS-11)	OESO	Dec 80 - Present
D. D. Eisenhower AMC	Mr. Harry Fisher (GS-11)	OESO	Apr 81 - Present
Medical Department Activity, Ft. Benning	MAJ David Odum	OESO	May 78 - Aug 79
	CPT James Davis	OESO	May 80 - Present
Medical Department Activity, Ft Bragg	CPT Michael O'Brien	OESO	Jul 78 - Dec 79
Medical Department Activity, Ft Hood	CPT Bernard Horak	OESO	May 78 - Jun 80
	CPT Gary Adkison	OESO	May 80 - Present
USA Garrison, Ft Detrick	CPT Carrick Troutman	OESO	Jun 78 - Jul 80
	MAJ Gary Lacher	OESO	Jun 80 - Present

APPENDIX B

REPLY TO
ATTENTION OF:

S: 15 Apr 81

5 MAR 1981

HSPE-HO

SUBJECT: Organizational Effectiveness (OE) and Patient Care Quality Study
(RCS HSPE-106(OT))

TO: OESO

1. Organizational Effectiveness Staff Officers (OESO) have been working in
selected Army medical facilities since June, 1977 and have devised a variety
of innovative and productive techniques to assist the commander in improving
the effectiveness of the MEDDAC, especially in the area of patient care.
There have been relatively few formal investigations of the types of inter-
ventions used and their effectiveness, therefore, the purpose of this study
is to determine what OE interventions are being utilized in Army hospitals
and the effectiveness of these techniques.

2. As a result of coordination with MACOM OE program managers, all OESO in
the Army will receive a copy of the survey (Incl 1), however, only those
OESO that have conducted interventions within Army hospitals will be asked
to respond. The findings will be summarized and returned to the respondents.

3. The results will be utilized by US Army Health Services Command OESO for
program management, identification of OE features unique to Army medical
facilities, evaluation of techniques used and dissemination of information
to those OESO working with medical facilities.

4. The success of the OE and patient care study depends upon your thought-
ful participation and the prompt return of your response by 15 April 1981.
If you have questions, please contact Dr. A. David Mangelsdorff, OE Research
Coordinator, Health Care Studies Division, Academy of Health Sciences, US Army,
Fort Sam Houston, Texas (AUTOVON 471-4541/3331) or MAJ Jim Schlie, C, OE Branch,
HQ US Army Health Services Command (AUTOVON 471-6843/2767).

FOR THE COMMANDER:

1 Incl
as

W. C. COSGROVE
LTC, AGC
Adjutant General

INFORMATION TO PARTICIPANTS

The intent of this survey is to determine what types of OE interventions/ strategies have been employed in military health care settings. You will be asked to provide some background information about yourself, then to describe some of the problem/situation(s) in which you may have used particular OE strategies in military health care settings. 'The findings will be summarized and returned to you personally, to allow you to know what others are doing in the way of OE interventions in health care settings. However, to be useful to everyone, your cooperation is needed.

It is recognized that not all OESOs have had the opportunity to work in military health care settings. The focus is on OE interventions employed in health care settings. All questions should be responded to within the time frame of the last twelve months (or that portion of the last year that you have been assigned to your current OESO position). If you have previously been an OESO but now work in another position, please respond to this survey in terms of your last twelve months as an OESO.

When you have completed this survey, please follow the instructions for folding and stapling (as indicated on the reverse of the last page) before returning the survey through the mail.

DATA REQUIRED BY THE PRIVACY ACT

TITLE OF FORM: OESO Survey in Health Care Settings

PRESCRIBING DIRECTIVES: AR 600-46 and AR 600-76

AUTHORITY: Section 3012, Title 10, USC.

PRINCIPAL AND ROUTINE USES: The data will be used to support the research, evaluation, training requirements, or other mission requirements of Health Services Command. The confidentiality of this information will be respected. No information which might allow identifying any single individual or small group of individuals will be given. The data may be retained on computer cards, computer files, or individual survey forms to be processed for statistical analysis.

COMPLIANCE IS VOLUNTARY: YOU DO NOT HAVE TO FILL OUT THE SURVEY. THERE IS NO EFFECT UPON THE INDIVIDUAL FOR FAILURE TO DISCLOSE INFORMATION.

ORGANIZATIONAL EFFECTIVENESS IN HEALTH CARE SETTINGS

The intent of this survey is to determine what types of OE interventions you have employed in health care settings. Please answer all the items by filling in or circling the numerical codes, or whatever appears to be an appropriate response. The findings will be summarized and returned to you, to allow you to know what others are doing in the way of OE interventions in health care settings. Your cooperation is appreciated!

1. Rank/Grade: _____

2. Branch: _____ (DAC) _____

3. Organization you work for: _____

4. Class you graduated from OE school: _____

5. If you have worked as an OESO in a health care setting, what date(s) was it?
    (YRS, MONTHs) _____ (Not Applicable)

6. How do you function as an OESO normally?

    a. Work alone
    b. Work with another OESO with more OE experience
    c. Work with another OESO with about the same amount of OE experience
    d. Work with another OESO with less OE experience
    e. Other _____

7. How do you function as an OESO in a health care setting?

    a. Work alone
    b. Work with another OESO with more OE experience
    c. Work with another OESO with about the same amount of OE experience
    d. Work with another OESO with less OE experience
    e. Have not worked in a health care setting as an OESO
    f. Other _____

8. How long have you been working as an OESO (after graduation from OECS) ____(months)?

9. How long have you been assigned as an OESO with your present organization?_____(months)?

10. Have you worked in a health care setting in any capacity (i.e., not necessarily as as OESO)?   YES ____   NO ____

11. If yes to having worked in a health care setting, for how many months? _____

12. In the last twelve months, what percentage of your time has been spent in:
        (may add to more than 100% through overlapping)
    a. OE-related activities   ____%
    b. assisting in health care settings   ____%
    c. assisting other OESOs on post in non-health care settings   ____%
    d. assisting improve patient care   ____%

13. During the past twelve months, for all of your OE activities:
    a. How many OE clients have you had total? _____
    b. How many OE operations/interventions have you had?
    c. How many OE operations/interventions have you had with clients?
    d. How many OE operations/interventions have you had with clients?

14. During the past twelve months, for all of your OE activities in health care settings:
    a. How many OE clients have you had total? _____
    b. How many OE operations/interventions have you had? _____
    c. How many OE operations/interventions have you had with commanders? _____
    d. How many OE operations/interventions have you had in patient care? _____
    e. How many OE operations/interventions have you had with the XO? _____
    f. How many OE operations/interventions have you had with the Chief Professional Services (CPS)? _____
    g. How many OE operations/interventions have you had with clinic/department/ division/services chiefs? _____

15. What is the position/job title of your OE Key Manager (Supervisor): _____

16. Has your OE Key Manager attended the OE Key Manager's Course?

    a. yes
    b. no
    c. do not know

Using a seven-point Likert scale from 1 = MINIMUM to 7 = MAXIMUM, evaluate the following statements:

	MINIMUM						MAXIMUM
17. The extent of the commander's support for the OE program	1	2	3	4	5	6	7
18. The extent of the total organization support for OE	1	2	3	4	5	6	7
19. The extent of your satisfaction with the direction of the OE program	1	2	3	4	5	6	7
20. The extent of the commander's support for the OE program in health care settings	1	2	3	4	5	6	7
21. The extent of the total organization support for OE in health care settings	1	2	3	4	5	6	7
22. The extent of the XO support for the OE program in health care settings	1	2	3	4	5	6	7
23. The extent of the CPS support for the OE program in health care settings	1	2	3	4	5	6	7
24. The extent of the Key Manager's support for the OE program in health care settings	1	2	3	4	5	6	7
25. The extent of your satisfaction with the direction of the OE program in health care settings	1	2	3	4	5	6	7

If you do not or have not worked as an OESO in health care settings, please skip to the next page (page 5).

What OE strategies/interventions have you employed successfully during the past 12 months in health care settings? Please describe the problem encountered, the intervention you used, why you felt the intervention would be successful, and how you documented your success.

Problem encountered	OE Strategy/Technique	Why Employed	How documented <u>success</u>
1			
2			
3			

<div align="center">(use reverse side, if necessary)</div>

What OE interventions have you used that were <u>not successful</u> during the past 12 months in health care settings? As in the previous section, please describe the problem encountered, the strategy you used, why you felt the intervention would be successful, and how you documented your lack of success.

Problem encountered	OE Strategy/Technique	Why Employed	How documented <u>lack of success</u>
1			
2			
3			

<div align="center">(use reverse side, if necessary)</div>

5

Please describe the problem(s) or situation(s) in health care settings in which you have personally employed the following list of interventions/strategies. In addition, please use the seven-point Likert scale from 1 = MINIMUM to 7 = MAXIMUM for evaluating your perception of the effectiveness of the OD intervention in the problem/situation. If the intervention was not used or is not applicable, circle NA.

INTERVENTION	PROBLEM/SITUATION IN HEALTH CARE SETTING (please describe)	Personally Perceived Effectiveness of Intervention MINIMUM MAXIMUM
1. Job Redesign		NA 1 2 3 4 5 6 7
2. Role Clarification		NA 1 2 3 4 5 6 7
3. Responsibility Charting		NA 1 2 3 4 5 6 7
4. Job Enlargement		NA 1 2 3 4 5 6 7
5. Job Enrichment		NA 1 2 3 4 5 6 7
6. Job Rotation		NA 1 2 3 4 5 6 7
7. Work Simplification		NA 1 2 3 4 5 6 7
8. Goal Setting		NA 1 2 3 4 5 6 7
9. Work Measurement		NA 1 2 3 4 5 6 7
10. Leadership/Style Change		NA 1 2 3 4 5 6 7
11. Management by Objectives (MBO)		NA 1 2 3 4 5 6 7
12. Flexitime		NA 1 2 3 4 5 6 7
13. Work Scheduling		NA 1 2 3 4 5 6 7
14. Performance Evaluation		NA 1 2 3 4 5 6 7
15. Climate Change		NA 1 2 3 4 5 6

INTERVENTION	PROBLEM/SITUATION IN HEALTH CARE SETTING (please describe)	Personally Perceived Effectiveness of Intervention MINIMUM MAXIMUM
16. Transactional (Analysis) Design		NA 1 2 3 4 5 6 7
17. Autonomous (Task) Groups		NA 1 2 3 4 5 6 7
18. Confrontation Meetings		NA 1 2 3 4 5 6 7
19. Group Feedback		NA 1 2 3 4 5 6 7
20. Group Problem-Solving		NA 1 2 3 4 5 6 7
21. Process Consulta-tion		NA 1 2 3 4 5 6 7
22. Laboratory Train-ing (LMDC)		NA 1 2 3 4 5 6 7
23. Management Informa-tion (Systems) Design		NA 1 2 3 4 5 6 7
24. Power Training		NA 1 2 3 4 5 6 7
25. Sensitivity Training		NA 1 2 3 4 5 6 7
26. Survey Feedback		NA 1 2 3 4 5 6 7
27. Task Enrichment		NA 1 2 3 4 5 6 7
28. Team-Building		NA 1 2 3 4 5 6 7

INTERVENTION	PROBLEM/SITUATION IN HEALTH CARE SETTING (please describe)	Personally Perceived Effectiveness of Intervention MINIMUM MAXIMUM
29. Incentive Systems		NA 1 2 3 4 5 6 7
30. Productivity Bargaining		NA 1 2 3 4 5 6 7
31. Positive Rein- forcement		NA 1 2 3 4 5 6 7
32. Non-material Incentives		NA 1 2 3 4 5 6 7
33. Feedback Communications Systems		NA 1 2 3 4 5 6 7
34. Reorganization		NA 1 2 3 4 5 6 7
35. Consolidation		NA 1 2 3 4 5 6 7
36. Performance Budgeting		NA 1 2 3 4 5 6 7
37. Other _____		NA 1 2 3 4 5 6 7

For the following list of interventions/strategies, please describe the perceived effectiveness of the intervention from the point of view of each of the three groups. For example, the Requester might be the MEDDAC Commander who perceives communication difficulties between the staff members of the Emergency Room. In this case, the Target Group/Team is the staff members of the Emergency Room. Use the seven-point Likert scale from 1 = MINIMUM to 7 = MAXIMUM to describe the extent of the effectiveness of the intervention. Only rate the effectiveness perceived for each group for those interventions you have described previously in Problem(s)/Situation(s) in health care settings.

EFFECTIVENESS PERCEIVED FROM THE PERSPECTIVE OF THE:

INTERVENTION	REQUESTER MINIMUM MAXIMUM	TARGET GROUP/TEAM MINIMUM MAXIMUM	TOTAL ORGANIZATION MINIMUM MAXIMUM
1. Job Redesign	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2. Role Clarification	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3. Responsibility Charting	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
4. Job Enlargement	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
5. Job Enrichment	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
6. Job Rotation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
7. Work Simplification	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
8. Goal Setting	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
9. Work Measurement	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
10. Leadership/Style Change	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
11. Management by Objectives (MBO)	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
12. Flexitime	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
13. Work Scheduling	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
14. Performance Evaluation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
15. Climate Change	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
16. Transactional Analysis) Design	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
17. Autonomous (Task) Groups	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
18. Confrontation Meetings	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
19. Group Feedback	1 2 3 4 5 6 7		

EFFECTIVENESS PERCEIVED FROM THE PERSPECTIVE OF THE:

INTERVENTION	REQUESTER MINIMUM	MAXIMUM	TARGET GROUP/TEAM MINIMUM	MAXIMUM	TOTAL ORGANIZATION MINIMUM	MAXIMUM
20. Group Problem-Solving	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
21. Process Consultation	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
22. Laboratory Training (LMDC)	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
23. Management Information (Systems) Design	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
24. Power Training	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
25. Sensitivity Training	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
26. Survey Feedback	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
27. Task Enrichment	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
28. Team-Building	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
29. Incentive Systems	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
30. Productivity Bargaining	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
31. Positive Reinforcement	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
32. Non-material Incentives	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
33. Feedback Communications Systems	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
34. Reorganization	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
35. Consolidation	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
36. Performance Budgeting	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
37. Other _____	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Have you documented and shared any case
studies of OE interventions?   YES   NO   How many? _____

Have you documented and shared any case
studies of OE interventions in health
care settings?   YES   NO   How many? _____

To what extent do you feel there is a   MINIMUM   MAXIMUM
need to share problem-solving
techniques or OE interventions with
other OESOs?   1 2 3 4 5 6 7

To what extent do you feel there is a
need to share problem-solving
techniques or OE interventions unique
to health care settings?   1 2 3 4 5 6 7

Would you be personally interested in
working in a network distributing
documented case studies in health
care settings?   1 2 3 4 5 6 7

What do you believe are the factors unique to consulting as an OESO in a health
care setting (in contrast to another setting)?

What OE interventions are unique to patient care needs:

Additional comments (optional):

Mailing address (optional):

Prompt feedback to you of the results will occur as soon as possible. Thank you
for your cooperation! Any questions, please call Dr. A. David Mangelsdorff,
A. V. 471-6514 201 4541.

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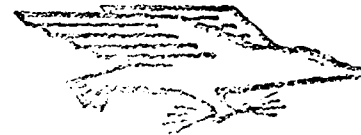
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APPENDIX C

S: 1 July 1981

HSA-CHC
1 JUN 1981

SUBJECT: Organizational Effectiveness (OE) and Patient Care Quality
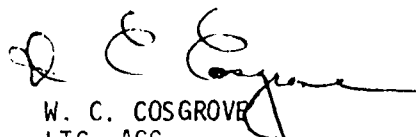Study (RCS HSPE-106(OT))

TO: Organizational Effectiveness Staff Officers (OESO)

1. Inclosed are the results of the first phase of an Organizational
Effectiveness study conducted in March 1981 (Incl 1). Many of the
participants specifically requested feedback of the results. Feedback
is a very important element in OE; knowing what other OESOs do may be
of assistance to the OESO practicing alone. As a result of coordina-
tion with MACOM OE program managers, all OESOs in the Army will receive
a copy of the survey for Phase 2 (Incl 2). All OESOs are asked to re-
spond whether or not they have conducted any OE interventions in health
care settings. The findings of Phase 2 will be summarized and returned
to the respondents.

2. The results will be utilized by US Army Health Services Command OESO
for program management, identification of OE features unique to Army
medical facilities, evaluation of techniques used, and dissemination of
information to those OESOs working with medical facilities.

3. The success of the OE and patient care study depends upon your
thoughtful participation and the prompt return of your response by 1
July 1981. If you have any questions, please contact Dr. A. David
Managelsdorff, OE Research Coordinator, Health Care Studies Division,
Academy of Health Sciences, Fort Sam Houston, Texas (AUTOVON 471-4541/
3331) or CPT Carrick Troutman, OE Branch, Human Resources Division, HQ
US Army Health Services Command (AUTOVON 471-6843/2767).

FOR THE COMMANDER:

2 Incl   W. C. COSGROVE
as   LTC, AGC
                                Adjutant General

Summary of Phase 1 Responses

Enclosed is a brief summary of the responses received from 64 OESOs, of
which 28 (44%) worked in health care settings. Responses were broken down by
whether the OESO worked (or did not) in a heatlh care setting. Table 1 summarizes
the comparisons between OESOs in health care settings versus those not working in
health care settings. In Table 2, comparisons were made of the perceived effective-
ness of the OE interventions in health care settings between the OESO's personal
perception, and the OESO's perception of the effectiveness as perceived by the
requester, the target group/team, and the total organization.

Table 1

Health Care Settings versus OESOs not in Health Care Settings

Variable/Question	Work In Health Care Setting	Do Not Work In Health Care Setting
Rank/Grade		
a. Enlisted	6	2
b. Officer	21	31
c. Civilian	1	1
d. Missing		2
Normally Function as OESO		
a. Work alone	10	16
b. Work with another OESO with more OE experience	1	2
c. Work with another OESO with about the same amount of OE experience	11	5
d. Work with another OESO with less OE experience	3	3
e. Other	3	5
f. Missing		5
Function as OESO in a health care setting		
a. Work alone	9	
b. Work with another OESO with more OE experience	3	
c. Work with another OESO with about the same amount of OE experience	11	
d. Work with another OESO with less OE experience	3	
e. Other	2	
f. Have not worked in a health care setting as an OESO		29
g. Missing		7
Months working as OESO (after graduation)	23.3	18.0
Months assigned as OESO with present organization	17.1	11.4
Worked in a health care setting in any capacity (i.e., not necessarily as as OESO)?		
a. Yes	17	6
b. No	11	26
c. Missing		4
Months worked in health care setting	39.4	37.3
Percentage of time spent in		
a. OE-related activities	72.2	74.8
b. Assisting in health care settings	24.4	0
c. Assisting other OESOs on post in non-health care settings	43.9	15.0
d. Assisting improve patient care	34.0	0

2

Variable/Question	Work In Health Care Setting	Do Not Work In Health Care Setting
For all OE activities		
a. Total OE clients	20.5	12.8
b. OE operations/interventions	22.8	10.7
c. OE operations/interventions with commanders	14.7	7.5
d. Documentations of OE operations/interventions	12.7	6.2
All OE activities in health care settings		
a. Total OE clients	8.6	0
b. OE operations/interventions	5.5	0
c. OE operations/interventions with commanders	2.2	0
d. OE operations/interventions in patient care	4.9	0
e. OE operations/interventions with the XO	1.6	0
f. OE operations/interventions with the Chief Professional Services (CPS)	1.5	0
g. OE operations/interventions with clinic/ department/division/services chiefs	3.2	0
Key Manager attended OE Key Manager's Course		
a. Yes	17	11
b. No	8	16
c. Missing	2	9
* Commander's support for OE program	4.3	5.1
* Organization support for OE program	4.4	4.1
* Satisfaction with direction of OE program	4.5	4.6
* Commander's support for OE program in health care settings	3.9	3.0
* Organization support for OE in health care settings	4.0	2.6
* XO support for OE program in health care setting	4.2	2.9
* CPS support for OE program in health care settings	3.3	3.1
* Key Manager's support for OE program in health care settings	4.7	3.7
* Satisfaction with the direction of OE program in health care settings	4.1	2.4
Documented OE interventions		
a. Yes	11	16
b. No	14	12
c. Missing	0	10
Number documented	7.0	6.6

* Seven point Likert scale where 1 = Minimum and 7 = Maximum

3

Variable/Question	Work In Health Care Setting	Do Not Work In Health Care Setting
Documented OE interventions in health care settings		
a. Yes	13	0
b. No	12	25
c. Missing	0	13
Number documented	2.8	0
* Extent share problem-solving	5.8	5.7
* Extent share problem-solving in health care settings	6.0	5.7
* Interest in network distributing documented case studies in health care settings	5.1	4.5

* Seven point Likert scale where 1 = Minimum and 7 = Maximum

4

Table 2

Perceived Effectiveness of OE Intervention/Strategies

Intervention	OESO		REQUESTER		Target Group/Team		Total Organization	
	N	MEAN	N	MEAN	N	MEAN	N	MEAN
1 Job Redesign	3	3.3	4	5.7	4	4.7	4	5.0
2 Role Clarification	15	6.0	16	5.9	15	5.0	14	5.0
3 Responsibility Charting	9	5.2	9	5.2	9	5.2	8	4.8
4 Job Enlargement	1	5.0	1	5.0	1	4.0	1	3.0
5 Job Enrichment	4	4.2	4	4.5	4	4.2	4	4.5
6 Job Rotation	7	4.7	7	5.0	7	5.4	8	5.3
7 Work Simplification	3	3.3	4	4.2	3	4.6	1	3.0
8 Goal Setting	12	5.5	12	5.6	12	5.5	13	5.3
9 Work Measurement	2	6.0	3	6.0	3	5.6	3	6.0
10 Leadership/Style Change	13	5.3	14	5.5	13	5.6	12	5.5
11 Management by Objectives (MBO)	5	5.4	5	4.8	5	5.4	5	5.0
12 Flexitime	2	5.0	1	6.0	1	6.0	1	6.0
13 Work Scheduling	5	4.0	5	5.6	5	5.2	4	5.2
14 Performance Evaluation	8	4.7	8	5.5	8	5.3	8	5.3
15 Climate Change	8	4.8	7	5.2	7	4.8	7	4.1
16 Transactional Analysis Design	3	5.6	3	5.3	3	5.0	2	6.0
17 .... (Task) Groups	3	4.5	2	4.5	2	5.0	2	5.0
18 .... ntation Meetings	9	5.3	6	5.5	7	5.6	5	5.6

Intervention	OESO		REQUESTER		Target Group/Team		Total Organization	
	N	MEAN	N	MEAN	N	MEAN	N	MEAN
19 Group Feedback	12	5.2	12	5.4	12	5.7	10	5.4
20 Group Problem Solving	11	5.0	11	5.2	11	5.4	9	5.1
21 Process Consultation	11	5.1	9	5.4	8	4.7	8	4.7
22 Laboratory Training (LMDC)	4	4.0	4	5.3	4	4.5	4	4.7
23 Management Information (Systems) Design	2	5.0	1	4.0	1	5.0	1	4.0
24 Power Training	1	4.0	1	5.0	1	4.0	1	5.0
25 Sensitivity Training	1	7.0	1	7.0	1	5.0	1	5.0
26 Survey Feedback	11	5.2	9	6.0	8	5.8	8	5.2
27 Task Enrichment	0	-	0	-	0	-	0	-
28 Team-Building	13	5.3	13	5.7	14	5.2	14	5.1
29 Incentive Systems	1	1.0	2	4.5	1	3.0	1	3.0
30 Productivity Bargaining	1	1.0	1	3.0	1	3.0	1	3.0
31 Positive Reinforcement	7	4.7	7	5.4	7	5.1	7	5.0
32 Non-Material Incentives	2	4.5	2	5.0	2	5.0	2	5.0
33 Feedback Communications Systems	8	5.1	7	5.5	8	5.3	8	4.8
34 Reorganization	3	5.3	3	5.6	3	4.6	3	5.0
35 Consolidation	1	4.0	0	-	0	-	0	-
36 Performance Budgeting	0	-	0	-	0	-	0	-

INFORMATION TO PARTICIPANTS

The intent of this survey is to determine what types of OE interventions/ strategies have been employed in military health care settings. Though the emphasis here is on health care settings, all OESOs are being contacted. Documentation and dissemination of what OESOs do is critical; information from all OESOs is necessary. You will be asked to provide some background information about yourself, then to describe some of the problem/situation(s) in which you may have used particular OE strategies in military health care settings. Health care settings work under the direction of Health Services Command; providing direct patient care is not the only factor determining whether an assignment is a health care setting. Any activity that supports the Army Medical Department mission should be considered a health care setting (i.e. the Medical Battalion). The findings will be summarized and returned to you personally, to allow you to know what others are doing in the way of OE interventions in health care settings. However, to be useful to everyone, your cooperation is needed.

Although the focus is on OE interventions employed in health care settings, it is recognized that not all OESOs have had the opportunity to work in military health care settings All questions should be responded to within the time frame of the last twelve months (or that portion of the last year that you have been assigned to your current OESO position). If you have previously been an OESO but now work in another position, please respond to this survey in terms of your last twelve months as an OESO. Please describe what you do as an OESO even if you have not worked as an OESO in a health care setting

When you have completed this survey, please follow the instructions (as indicated on the last page) for returning the survey through the mail.

DATA REQUIRED BY THE PRIVACY ACT

Your assistance is very much appreciated!

ORGANIZATIONAL EFFECTIVENESS IN HEALTH CARE SETTINGS

The intent of this survey is to determine what types of OE interventions you have employed in health care settings. Even if you have not worked as an OESO in a health care setting (or performed any interventions in a health care setting), please answer the items you can. A health care setting works under the direction of Health Services Command. Any activity that supports the Army Medical Department mission should be considered a health care setting (i.e. the Medical Battalion). Please answer all the items by filling in or circling one numerical choice, or whatever appears to be an appropriate response. The findings will be summarized and returned to you, to allow you to know what others are doing in the way of OE interventions in health care settings. Your cooperation is appreciated!

1. Rank/Grade: _____

2. Organization you work for as an OESO: _____

3. Class you graduated from OE school: _____

4. How do you function (how have you functioned) as an OESO in a health care setting?
   a. Work alone
   b. Work with another OESO with more OE experience
   c. Work with another OESO with about the same amount of OE experience
   d. Work with another OESO with less OE experience
   e. Have not worked in a health care setting as an OESO
   f. Other _____

5. How long have you been working as an OESO (after graduation from OECS)?
   _____ (months)

6. How long have you been assigned as an OESO with your present organization?
   _____ (months)

7. Have you worked in a military health care setting in any capacity (i.e. not necessarily as an OESO)?   YES __   NO __

8. If yes to having worked in a military health care setting, for how many months? _____

9. In the last twelve months, what percentage of your time has been spent in: (may add to more than 100% through overlapping)
   a. OE related activities   _____%
   b. assisting in health care settings   _____%
   c. assisting other OESOs on post in non-health care settings _____%
   d. assisting improve patient care   _____%
   e. doing assessment for OE operation   .   _____%
   f. doing planning for OE operation   _____%
   g. doing implementation for OE operation   _____%
   h. doing evaluation for OE operation   _____%
   i. doing training   _____%

10. During the past twelve months, for all of your OE activities:
   a. How many OE clients have you had total? _____
   b. How many OE operations/interventions have you had? _____
   c. How many OE operations/interventions have you had with commanders? _____
   d. How many documentations of OE operations/interventions have you made? ___

3

11. During the past twelve months, for all of your OE activities in health care settings:
    a. How many OE clients have you had total? _____
    b. How many OE operations/interventions have you had? _____
    c. How many OE operations/interventions have you had with commanders? _____
    d. How many OE operations/interventions have you had in patient care? _____
    e. How many OE operations/interventions have you had with the XO? _____
    f. How many OE operations/interventions have you had with the Chief Professional Services (CPS)? _____
    g. How many OE operations/interventions have you had with clinic/department/division/services chiefs? _____

12. What is the position/job title of your OE Key Manager (Supervisor)? _____

13. Has your OE Key Manager attended the OE Key Manager's Course?
    a. yes
    b. no
    c. do not know

14. If yes, how has it affected the OE program?

Using a seven-point Likert scale from 1 = MINIMUM to 7 = MAXIMUM evaluate the following statements:

	MINIMUM				MAXIMUM		
15. The extent of the commander's support for the OE program	1	2	3	4	5	6	7
16. The extent of the total organization support for OE (the total organization is considered a system like the hospital)	1	2	3	4	5	6	7
17. The extent of your satisfaction with the direction of the OE program	1	2	3	4	5	6	7
18. The extent of the commander's support for OE in health care settings	1	2	3	4	5	6	7
19. The extent of the total organization support for OE in health care settings	1	2	3	4	5	6	7
20. The extent of the XO support for the OE program in health care settings	1	2	3	4	5	6	7
21. The extent of the CPS support for the OE program in health care settings	1	2	3	4	5	6	7
22. The extent of the Key Manager's support for the OE program in health care settings	1	2	3	4	5	6	7
23. The extent of your satisfaction with the direction of the OE program in health care settings	1	2	3	4	5	6	7

If you do not or have not worked as an OESO in a health care setting please skip this section.

' Please describe the problem(s) or situation(s) in health care settings in which you have personally employed the following list of interventions/strategies. If use more than one intervention please describe each one. How frequently have you used the intervention? In addition, please use the seven-point Likert scale from 1 = MINIMUM to 7 = MAXIMUM for evaluating <u>your perception of the average effectiveness</u> of the OE intervention in the problem/situation. If you have conducted the intervention three times, enter the average effectiveness perceived of the intervention. If the intervention was not used or is not applicable circle NA and enter a zero for frequency of times used.

INTERVENTION	PROBLEM/SITUATION IN HEALTH CARE SETTING (please describe)	HOW MANY TIMES USED	PERSONALLY PERCEIVED AVERAGE EFFECTIVENESS OF INTERVENTION MINMUM						MAXIMUM
1. Role Clarification			NA	1	2	3	4	5	6	7
2. Responsibility Charting			NA	1	2	3	4	5	6	7
3. Job Rotation			NA	1	2	3	4	5	6	7
4. Goal Setting (Including Management by Objective)			NA	1	2	3	4	5	6	7
5. Leadership/Style Change (Transitions)			NA	1	2	3	4	5	6	7
6. Work Scheduling			NA	1	2	3	4	5	6	7
7. Performance Eval			NA	1	2	3	4	5	6	7

INTERVENTION	PROBLEM/SITUATION IN HEALTH CARE SETTING (please describe)	HOW MANY TIMES USED	PERSONALLY PERCEIVED AVERAGE EFFECTIVENESS OF INTERVENTION MINMUM							MAXIMUM
8. Climate Change			NA	1	2	3	4	5	6	7
9. Confrontation Meetings			NA	1	2	3	4	5	6	7
10. Group Problem-Solving			NA	1	2	3	4	5	6	7
11. Process Consultation			NA	1	2	3	4	5	6	7
12. Survey Feedback			NA	1	2	3	4	5	6	7
13. Team Building			NA	1	2	3	4	5	6	7
14. Feedback (Communications, Systems, Group)			NA	1	2	3	4	5	6	7
15. Training (Time Management, Stress Management, LMDC)			NA	1	2	3	4	5	6	7

Please describe how many and the manner or type of evaluation/documentation you have used for each intervention/strategy in health care settings. If you conducted different documentations for an intervention, please list each one. If you did the intervention but did not perform an evaluation, please enter a zero for number of evaluations. If you did not do the intervention, circle NA for Manner of Evaluation:

INTERVENTION	MANNER OR TYPE OF EVALUATION/DOCUMENTATION	NUMBER OF EVALUATIONS
1. Role Clarification	NA	
2. Responsibility Charting	NA	
3. Job Rotation	NA	
4. Goal Setting (Including Management by Objective)	NA	
5. Leadership/Style Change (Transitions)	NA	
6. Work Scheduling	NA	
7. Performance Eval	NA	

7

INTERVENTION	MANNER OR TYPE OF EVALUATION/DOCUMENTATION	NUMBER OF EVALUATIONS
8. Climate Change	NA	
9. Confrontation Meeting	NA	
10. Group Problem-Solving	NA	
11. Process Consultation	NA	
12. Survey Feedback	NA	
13. Team Building	NA	
14. Feedback (Communications, Systems, Group)	NA	
15. Training (Time Management, Stress Management, LMDC)	NA	

'For the following list of interventions/strategies, please describe the perceived effectiveness of the intervention from the point of view of each of the three groups For example, the Requester might be the MEDDAC Commander who perceives communication ... Members of the Emergency Room. In this case, the Target Group/Team is the staff members of the Emergency Room. The Total Organization is the hospital (or the system). Use the seven-point Likert scale from 1 = MINIMUM to 7 = MAXIMUM to describe the extent of the effectiveness of the intervention. Only rate the effectiveness perceived for each group for those interventions you have described previously in Problem(s)/Situation(s) in health care settings.

EFFECTIVENESS PERCEIVED FROM THE PERSPECTIVE OF THE:

INTERVENTION	REQUESTER MINIMUM MAXIMUM	TARGET GROUP/TEAM MINIMUM MAXIMUM	TOTAL ORGANIZATION MINIMUM MAXIMUM
1. Role Clarification	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2. Responsibility Charting	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3. Job Rotation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
4. Goal Setting (In-Mgt by Objective)	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
5. Leadership/ Style Change (Transitions)	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
6. Work Scheduling	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
7. Performance Evaluation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
8. Climate Change	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
9. Confrontation Meeting	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
10. Group Problem-Solving	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
11. Process Con-sultation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
12. Survey Feed-back	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
13. Team Building	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
14. Feedback (Con-... ..., Group)	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Management, LRCC)

1. How many times have you not been able
   to fulfill or support a request? _____

2. Why?

3. Have you documented and shared any case   YES   NO   How many _____
   studies of OE interventions?

4. Have you documented and shared any case   YES   NO   How many _____
   studies of OE interventions in health
   care settings?

5. Did you participate in the first phase   YES   NO
   of this study (from which the summary
   was compiled)?

                                                    MINIMUM   MAXIMUM
6. To what extent was the summary of any   1   2   3   4   5   ·6   7
   use to you?

7. To what extent would feedback of the   1   2   3   4   5   6   7
   results of this study be of any use
   to you?

8. What do you believe are the factors unique to consulting as an OESO in a health
   care setting (in contrast to another setting)?

9. What OE interventions are unique to patient care needs:

10. Additional comments (optional):

Mailing Address (optional):

Thank you for your cooperation! Any questions, please call Dr. A. David Mangelsdorff,
AV 471-0314/2261/4601.

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